U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatury under P. ... 86-257, as amended, Pailure to comply may result in criminal prosecution, lines, or divil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U.	2. Fiscal Year Covered From:		
3. Name and address of person filing. Name Nick S. Nardi	1 / 1 /2004 Through: 12/31 /2004 4. Name, file number, and address of labor organization. Name Teamsters Local 416		
P.O. Box, Bldg., Room No., if any	Labor Organization File Number 01.6-339 P.O. Box, Building and Room Number, if any		
Street 709 Brookpark Road	Steet 709 Brookpark Road		
City Cleveland	City Cleveland		
State OH ZIP Code + 4 44109 - 5833	State OH ZIP Code + 4 44109-5833		
5. Position in labor organization. Secretary-Treasurer	2 - 100		

Name and address of Employer (Including trade name, if any).	th, or derived income or other economic benefit of nization represents or is actively sacking to represent. 7.a. Nature of interest, Transaction, or income.		
Name	*** ***		
Trade Name, if any:	· -		
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
Сћу	·		
State ZIP Coda + 4			

Signature

	TO 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
submitted in this report (including the information contrine	is, Under penalty of Perjury and other applicable penalties of the law, that all of the information
undersigned skinowledge and helief term domest and a	is under penalty of Perjury and other applicable penalties of the law, that all of the information d in any accompanying documents), has been examined by the signatory and is, to the best of the replate. (See the section on constitution is the insertion.)
and col	of it any accumpanying occurrents), has been examined by the signatory and is, to the best of the projects, (See the section on penalties in the instructions.)
	,,

Signed

On D

416

Telephone Number

Name of Person Filing Nick S. Nardi	File Number U-		
B. Held an interest in or derived Income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or		
8. Name and address of Business (including trade name, if any).	9. Businese deals with:		
Name Teamsters Local 416 Pension Fund			
Trade Name, if any;	a. Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street 709 Brookpark Road	e. Employer		
Cly Cleveland			
State OH ZIP Code +4 44109-5833			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such dealing.		
Name Teamsters Local 416 Pension Fund			
Trade Name, if any:	· .		
P.O. Sox, Bidg., Room No., if any			
Street 709 Brookpark Road			
	11.b. Approximate dollar value of such dealing.		
. oresetand	12.a. Nature of interest held or income received.		
State OH ZIP Code +4 44109-5833	Auto & Phone Expenses 11/16 Retirees Luncheon Value under 25		
	12.b. Amount 1,772		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14,a, Nature of payment.		
Name Legg Mason	Luncheon Meetings		
Trade Name, if any:	3/4, 3/18, 6/12, 11/18 Didn't pay bill - price unknown		
P.O Box, Bldg., Room No., if any			
Street 200 Public Square, #2950			

14.b. Amount of payment.

-0-

ZIP Code + 4 44114

X ?

or Consultant

State OH

City Cleveland

13.b. Is the Business an Employer

Sent By: COZZA *STEUER;

Name of Person Filing Nick S. Nardi	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Teamsters Local 416					
Health & Welfare Fund Trade Name, if any:	a. Labor Organizat	ilòn			
P D. Box, Bidg., Room No., if any	b. Trust				
Street 709 Brookpark Road	c. Employer				
City Cleveland					
State OH ZIP Code + 4 44109-5833					
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.			
Name Teamsters Local 416 Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any		· · · · · · · · · · · · · · · · · · ·			
		,			
Street 709 Brookpark Road	11.b. Approximate dollar value	of such dealing.			
City Cleveland	12.a. Nature of interest held or income received.				
State OH ZIF Code + 4 44109-5833	Auto & Phone	* ** ** ***			
·		-			
	12.5. Amount. 2	,320			
C. Received from any employer (other than an employer covered unde	r narts & and B aboun)				
or more any reactives an employer any payment of money	or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultent (including trade name, if any).	14.a. Nature of payment.				
Name .	-				
Trade Name, if any:					
P.Q. Box, 8tdg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?					